

How hard is the Department working to find alternatives for clients stuck in the hospital?

We all share the same goal – to keep individuals from being unnecessarily hospitalized.

DSHS is most consistently involved with post-discharge options when people with developmental disabilities are determined medically ready for discharge, have come from DDA residential programs or are assessed to be in need of a DDA program.

We employ medical hospital liaisons statewide whose job duties specifically include working with hospitals on discharge planning. When we learn that someone we serve is in the hospital, we reach out to that person, establish a contact with hospital staff and maintain ongoing communication with all parties, including families and guardians. Support provided through DSHS may also involve conducting or updating care assessments, looking for a community residential provider or making connections with other appropriate support services.

(It is important to note that simply because someone with a disability lands in the hospital does not mean the person is actively involved with DSHS or our state behavioral health system, or even enrolled with DSHS' Developmental Disabilities Administration. For individuals living independently or with their families, DDA may not even be aware of the hospitalization.)

What is the Department doing to help their clients get out of hospitals?

We work with our clients to determine the best plan based on their personal needs and choices. It can take us longer to find providers willing and able to support individuals who have unique or challenging support needs or requests.

A successful transition depends on the individual, their guardian or family, the service provider and DDA all being in support of the identified option. First, the client and family must be in support of the option; then a prospective, contracted provider reviews and determines whether they can appropriately support the person.

What are the biggest barriers?

DSHS's contracted Supported Living providers have experienced a 50 percent staff turnover rate the past several years. They tell us staff hiring and retention has been the single biggest challenge for them.

It has become more challenging in recent years to find providers with sufficiently qualified staff to accommodate our clients whose needs are hardest to meet. Those with unique needs often require more-experienced staff, which are hard to employ at today's benchmark wage.

What have you asked of the legislature to help alleviate this situation?

Increasing the wage for supported living staff is critical. The Governor's proposed budget includes a rate increase of 10 percent effective Jan. 1, 2020 and another 10 percent effective Jan. 1, 2021 for our

community residential providers. This needed increase will allow our providers to better attract and retain qualified staff.

We also need to increase the number of crisis diversion beds for adults. The nine we currently have are usually occupied. The Governor's behavioral health reform package in his proposed budget includes funding for 14 more beds. This would support much-needed community-based infrastructure to divert people with developmental disabilities from going into state hospitals and would also assist with transitions from psychiatric facilities back into the community.

Do you have any data on this topic to share with me?

4,500 clients are successfully living in the community through the DDA Supported Living program.

DSHS has recently developed a tracking system for hospitalizations for individuals who are medically ready for discharge but do not have a safe support plan in place.

At any given time, approximately 25 individuals with developmental disabilities are in community hospitals across the state and ready for discharge. Many exhibit very challenging behaviors, have diagnosed mental health conditions or both.

DDA-contracted community residential providers support approximately half of the 25 individuals. Of these, a substantial number were given notice of termination by their service providers.

Note: Most community residential providers are contracted and may provide notice to discontinue service. This is often based on an inability to safely support the individual.

Anything else you'd like to say?

Preventing unnecessary hospitalizations is a goal we all share.

Providers need a rate increase in order to hire, recruit, train and retain qualified staff who can care for individuals with unique needs. DDA staff make the best use of the limited resources we have to make sure clients are safe and healthy in the community.

We believe the budget proposed by the Governor, and if funded by the Legislature, will go a long way to alleviate this issue.